

JUL - 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

TO COURT CLERK

6-29-08

Salinas Valley
State Prison

29

PLEASE TAKE NOTICE THAT I JOHN GOOD T82633
AM INCARCERATED HERE AT SALINAS VALLEY STATE PRISON
PO BOX 1050 SOLEDAD CALIF 93960 UNTIL
JULY 8TH 2008 AFTER JULY 8TH 2008 MY
MAILING ADDRESS WILL BE AS FOLLOWS.

JOHN GOOD

201 N YUCCA AVE APT H-101

BARSTOW CALIF 92311 MESS# (760) 252 4194

OR (760) 221-3136

ANY AND ALL MAIL AFTER JULY 8 2008
PLEASE SEND TO MY BARSTOW CA. ADDRESS
IF I NEED TO SEND ANY OTHER FORMS OR
INFORMATION PLEASE LET ME KNOW I HAVE ALL
DOCTORS NOTE, HOSPITAL REPORTS, WHO SAID WHAT
THE FALL IS DOCUMENTATED THE SPINAL INJURY'S ARE
NOTED ALONG WITH DISABILITY'S, THE DENOUGHING
ME SURGERY CAUSE I WAS 70 DAYS TO PAROLE WAS
DOCUMENTATED BY THE DOCTORS EVEN THE 10 DAYS
IT TOOK TO GET TO DOCTOR IS ALL IN MY MEDICAL FILE
TO WITCH I HAVE COPY'S SO ANY THING YOU
NEED AS PROOF PLEASE LET ME KNOW

PLEASE TAKE
NOTICE OF INCLOSED
TRUST STATEMENT AND
CERTIFICATE INCLOSED

Salinas Valley
State Prison

ORIGINAL

AD 440 (Rev. 5/85) Summons in a Civil Action

United States District Court
Northern DISTRICT OF Calif

John Good CDC# T82633

SUMMONS IN A CIVIL ACTION

v.

CASE NUMBER:

C BORRERO
RN MIKE BARKER
MD Robert Bowman

TO: (Name and Address of Defendant)
CALIF DEPT OF CORRECTIONS, SILINAS VALLEY STATE PRISON
PO Box 1050 Soledad CALIF 93960

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is herewith served upon you, within _____ days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

Silinas Valley
State Prison

ORIGINAL

CLERK

DATE

BY DEPUTY CLERK

Copy

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

John Good T82633

(Name of Plaintiff)

E-1-88 PO BOX 1050

(Address of Plaintiff)

SOLEDAD CA 93960

(Case Number)

vs.

COMPLAINT

% BORRISO

RN MIKE BARKER

DR. ROBERT BOWMAN

(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner:

☒ Yes

☐ No

B. If your answer to A is yes, how many?: 2 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff John Good

Defendants DEPT OF CORRECTION

Salinas Valley
State Prison

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

ORIGINAL
Filed 5/04

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COPIER #00426

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2. Court (if Federal Court, give name of District; if State Court, give name of County)

Los Angeles Calif Civil suit

3. Docket Number

?

4. Name of judge to whom case was assigned

?

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)

PENDING

6. Approximate date of filing lawsuit

6-11-08

7. Approximate date of disposition

?

II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution?

☒ Yes

☐ No

B. Have you filed a grievance concerning the facts relating to this complaint?

☒ Yes

☐ No

If your answer is no, explain why not

C. Is the grievance process completed?

☐ Yes

☒ No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item for the names, positions and places of employment of any additional defendants.)

A. Defendant % BORROSO is employed as CORRECTIONAL OFFICER at SILINAS VALLEY STATE PRISON

B. Additional defendants RN MIKE BARKER REGISTERED NURSE SILINAS STATE PRISON PO BOX 1050 SOLEDAD CA 93960

MD ROBERT BOWMAN DOCTOR SILINAS VALLEY STATE PRISON PO BOX 1050 SOLEDAD CA 93960

Silinas Valley State Prison
ORIGINAL

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

① ON 3-4-08 I WAS HOUSED IN A UPPER BUNK ② ON 4-7-08 I FELL BACKWARDS AND HIT MY HEAD, NECK, BACK ③ ON 4-7-08 I WENT INTO MEDICAL WITH SYMPTOMS I TOLD % BORRISO AND RN MIKE BARKER THAT FELT LIKE A STROKE ④ % BORRISO TOLD ME TO FILL OUT A MEDICAL REQUEST AND WAIT MY TURN LIKE EVERYONE ELSE ⑤ RN MIKE BARKER STATED IT WAS PROBLEY A PINCHED NERVE TO HANG UPSIDE DOWN FROM THE PULL UP BARS IT WOULD FIX IT ⑥ I WENT TO MEDICAL EVERY DAY FOR 10 DAYS BEFORE I SEEN A DOCTOR ⑦ ON THE 2ND DAY I WENT INTO MEDICAL TO SEE THE DR % BORRISO SAID WAIT MY TURN AND IF I DIDNT LIKE IT HE % BORRISO SLAMMED A GOZ GREIVENCE ON HIS DESK AND STATED YOUR THE GOZ KING V. Relief. 602 IT YOU 602 EVERYTHING ELSE AND I STILL DID NOT GET TO SEE THE DOCTOR

(State briefly exactly what you want the court to do for you. Make no legal arguments. (no cases or statutes.)

① COMPENSATORY DAMAGES TO PAY FOR SURGERYS AND AFTER CARE BECAUSE CDCR STAFF WAS NEGLIGENT BY PUTTING ME IN AN UPPER BUNK WITCH CAUSED THE ACCIDENT TO MY INJURY AND PAIN AND SUFFERING, WITCH IS CRUE AND UNUSEALL BECAUSE THEY CDCR REFUSES ME THE SURGERY I NEED TO NOT BE IN PAIN ② PUNITIVE DAMAGES BECAUSE THE DEFENDENTS ACTED WITH EVIL MOTIVES OR INTENT BY NOT LETTING ME SEE THE DOCTOR FOR 10 DAYS AFTER I HAD THE FALL WITCH WAS RECKLESS OR CALLOUS INDIFFERENCE VIOLATEING MY CONSTITUTIONAL EIGHTH AMENDMENT TO ADEQUATE MEDICAL CARE

Signed this 29 day of JUNE, 2008

John Good

(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

6-29-08

(Date)

John Good

(Signature of Plaintiff)

Salinas Valley
State Prison

ORIGINAL

Cont.
FACTS
SHEET

Attachment
1

- ⑧ SENCE CDCR HERE AT SALINAS VALLEY STATE PRISON HAS DENIED ME THE SURGERY TO WICH DAMAGED MY C-SPINE C-5 THREW C-7 MY SYMPTOMS HAVE GROWN WORSE
- ⑨ DR SHERER AT MONTEREY COMMUNITY HOSPITAL OF MONTEREY SAID WITH THE SURGERY IT WOULD RELIVE THE PRESURE ON MY C-SPINE AND IT WOULD RELIVE THE PAIN I FEEL
- ⑩ MY PAIN LEVEL IS BEYOND A #10 IN THE PAIN SCALE
- ⑪ I FEEL CDCR WAS RESPONSIBLE FOR PUTTING ME ON A TOP BUNK WHEN IN FACT THEY KNEW IVE HAD A SEIZURE DISORDER FROM THE 1990'S
- ⑫ CDCR HAS A DELIBERATE INDIFFERENCE TO DR SHERER AT THE HOSPITAL BECAUSE I WAS TO PAROLE IN 70 DAYS
- ⑬ MY MEDICAL CONDITION IS SERIOUS CAUSE ITS LEFT ME DISABLED ON MY RIGHT SIDE FACE ARM, LEG, NECK
- ⑭ IM UNABLE TO SIT UP RIGHT TO LONG CAUSE I SEE SPOTS AND BLACK OUT
- ⑮ I CAN NOT STAND BECAUSE I HAVE NO SENCE OF BALLANCE
- ⑯ SENCE IVE BEEN HERE AT SVSP I HAVENT BEEN ABLE TO GET ADEQUATE MEDICAL CARE FOR MY MEDICAL NEEDS
- ⑰ EVE ADA FORMS THEY GRANT BUT YOU NEVER RECIVE WHAT THEY GRANT YOU
- ⑱ INMATE GREIVENCE FORMS 602 DONT HELP WITH THE TREATMENT YOU NEED

Salinas Valley
State Prison
ORIGINAL

Revised 5/96

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

John Good

Plaintiff

vs. ~~GO~~ BORROSO
 RN MIKE BARKER
 DR ROBERT BOWMAN
 Defendant

**APPLICATION TO PROCEED
 IN FORMA PAUPERIS
 BY A PRISONER**

CASE NUMBER:

I, John Good, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration. SILINAS VALLEY STATE PRISON

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed? ☐ Yes ☒ No.

a. If the answer is "Yes" state the amount of your pay.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

6-23-08 PO Box 1050 Soledad CA 93960 SILINAS VALLEY STATE PRISON
MR MENDEZ LANDSCAPEING EDUCATION CLASS

3. In the past twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

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 COPIER #004266

*Salinas Valley
 State Prison
 07/19/08*

4. Do you have cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

6. Do you have any other assets? ☐ Yes ☒ No

If "Yes" list the asset(s) and state the value of each asset listed.

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I hereby authorize the agency having custody of me to collect from my trust account and forward to Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

I declare under penalty of perjury that the above information is true and correct.

6-29-08
DATE

John Lead
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at SILINAS Valley State Prison (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 0. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

6-29-08
DATE

CDC would not sign this one
said they send their own certificate
SIGNATURE OF AUTHORIZED OFFICER

original
INCLOSED
Silinas Valley State Prison

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CDC #RED/ANT/ST/STATE EXPENSE
COPIED #000426

REPORT ID: TS3030 .701

REPORT DATE: 06/17/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 SALINAS VALLEY STATE PRISON
 INMATE TRUST ACCOUNTING SYS LN
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUN. 17, 2008

ACCOUNT NUMBER : T82633
 ACCOUNT NAME : GOOD, JOHN CLARK
 PRIVILEGE GROUP: A

BED/CELL NUMBER: FEB1000000000888
 ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
05/21/2008	H114	COPAY FEE, MED.	2962DCOPAY	5.00
06/13/2008	H110	COPIES HOLD	3170 COPY	1.60

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	6.60	0.00

CURRENT
AVAILABLE
BALANCE

6.60-

Copy

Salinas Valley
State Prison

COPY

AO 440 (Rev. 5/85) Summons in a Civil Action

United States District Court
NORTHERN DISTRICT OF CALIF

SUMMONS IN A CIVIL ACTION

John Good

CASE NUMBER:

v.

CALIF Dept of Corrections
Head Librarian
Sgt Gonzales

TO: (Name and Address of Defendant)

Head Librarian E-YARD
Sgt GONZALES
PO Box 1050 Soledad CA 93960
1

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address) IN PRO PER

John Good T82633
E-1-88 PO Box 1050
Soledad CA 93960

an answer to the complaint which is herewith served upon you, within _____ days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

CLERK

DATE

BY DEPUTY CLERK

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

FORMA PAUPERIS AFFIDAVIT

I hereby apply for leave to proceed without prepayment of fees, costs, or security thereof. In support of my application, I declare under penalty of perjury that the following facts are true:

- 1) I am the Plaintiff, and I believe I am entitled to redress.
- 2) I am unable to pay the costs of said action or give security because:

I AM AN INDECENT INMATE I HAVE NO PAY NUMBER
OR NO JOB BECAUSE IM DISABLED AND HAVE
HAD Ø ON MY BOOK FOR 7 MONTHS

- 3) The nature of this action is:

Civil Rights violation of my First, Sixth &
FOURTEENTH AMENDMENTS, ACCESS TO LAW FORM PREPERATION,
ACCESS TO LAW BOOKS AND RIGHT TO LAW LIBRARY

7-6-08

(Date)

John Lood
(Signature of Petitioner)

at your own expense. In that event, the Marshall will not be available for service under this Court's General Order No. 17, a copy of which is attached.

You are required to furnish, so that the United States Marshall can complete service, the correct name and address of each person you have named as defendant.

A Plaintiff is required to give information to the United States Marshall to enable the Marshall to complete service of the complaint upon all persons named as Defendants.

You will note that you are required to give facts. *This complaint should not contain legal arguments or citations.*

When these forms are completed, mail the original and the copies to the Clerk of the United States District Court for the Northern District of California; 450 Golden Gate Avenue, Box 36060, San Francisco, California, 94102.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

John CLARK Good
(Enter above the full name of
the Plaintiff in this action)

-v-

Case No. _____
(Complaint under the
Civil Rights Act, 42
U.S.C. §1983)

CALIF DEPT OF CORRECTIONS
HEAD LIBRARIAN
Sgt GONZALAS

(Enter above the full name of
the Defendant or Defendants
in this action)

I. **PREVIOUS LAWSUITS**

A. Have you begun other lawsuits in State or Federal Court dealing with the same facts involved in this action or otherwise related to your imprisonment?

Yes ☐ No ☒

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using same outline.)

1. Parties to this previous lawsuit:

Plaintiffs _____

Defendants _____

2. Court (if Federal Court, name the District, if State Court, name the County):

3. Docket Number: _____

4. Name of Judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. **PLACE OF PRESENT CONFINEMENT**

SILINAS VALLEY STATE PRISON PO BOX 1050 SOLEDAD CA 93960

A. Is there a prisoner grievance procedure in this institution?

Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☒ No ☐

C. If your answer is YES,

1. What steps did you take? Filed A 602 GREIVENCE

Form To Appeals COORDENATOR

2. What was the result? pending

D. If your answer is NO, explain why not? _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities?

Yes ☐ No ☒

F. If your answer is YES,

1. What steps did you take? Talked To Sgt GONZALES

Lt SALIZAR

2. What was the result? NONE I NEVER GOT

THE LEGAL FORM I ASKED FOR

III. PARTIES

(In item A below, place the full name of the Defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item B for the names, positions and places of employment of any additional Defendants.)

A. Defendant SILINAS VALLEY STATE PRISON is employed as
HEAD LIBRARIAN at SILINAS VALLEY STATE PRISON

B. Additional Defendants: Sgt GONZALES
Lt SALAZAR

IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each Defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets if necessary.)

- ① I BEEN INCARCERATED HERE AT SILINAS VALLEY STATE PRISON
- ② I'VE BEEN DOING MY LEGAL WORK FOR 3 MONTHS NOW
IN THE PRISON LIBRARY HERE ON E-YARD
- ③ ON OR ABOUT 7-1-08 I WENT INTO THE LAW LIBRARY TO
FINISH MY LEGAL WORK.
- ④ UPON GOING INTO THE LIBRARY I WAS TOLD THE HEAD
LIBRARIAN CAME AND TOOK ALL THE LAW BOOKS AND
MOST ALL THE LEGAL FORMS OUT OF THE LIBRARY
AND THREW THEM IN THE TRASH BIN OUT BACK OF
THE KITCHEN
- ⑤ I HAVE OTHER LAW SUIT WORK I'VE BEEN BEHIND ON
- ⑥ I'VE BEEN GETTING ALOT OF RETALIATION FROM STAFF HERE
BECAUSE I FILED A STAFF COMPLAINT AGAINST A %

CONTINUE
ATTACHED PAGE

FACTS
SHEET
CONTINUED
FROM PAGE 1

- ⑦ They have with held my indigent envelope. Each month sence 3-4-08
- ⑧ IVE had to GO2 TO get envelopes
- ⑨ They held my mail from the street that had envelope saying they lost them
- ⑩ IVE had my FREEDOM AND well being Threatened By % BORRORO AND told if I didnt with draw my staff complaint Id be put in ADD seg.
- ⑪ I with drew my staff complaint because of Reprisels from staff
- ⑫ I CANT SEEK the information OR get legal forms I NEED do to THE HEAD STAFF LIBRARIAN
- ⑬ THERE ARE NO LAW books ON this YARD
- ⑭ I put in REQUESTS AND GO2 GREIVENCE FORMS

V. **RELIEF**

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

Compensatory damage in the sum of \$10,000.00
punitive damages to punish all those involved
injunction against CDC staff in control of
the Law Library

Signed this 7 day of July, ~~18~~ 2008

John Good
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

7-7-2008
(Date)

John Good
(Signature of Plaintiff)

1 NAME: JOHN Good
2 CDC#: T82633
3 CELL: E-1-88
4 P.O. BOX 1050
5 SOLEDAD, CA 93960-1050

6 IN PROPRIA PERSONA

7
8 UNITED STATES DISTRICT COURT FOR NORTHERN DISTRICT
9 (COURT)

10
11
12 John Good
13 PETITIONER
14 CALIF DEPT OF CORRECTIONS
15 V. HEAD LIBRARIAN
16 Sgt GONZALES
17 RESPONDENT

CASE NO. _____
NOTICE OF CHANGE OF ADDRESS

18
19 TO THE CLERK OF THE ABOVE-ENTITLED COURT:

20 NOTICE IS HEREBY GIVEN, that the above-named petitioner,
21 John Good, has changed his address of
22 record to: NAME: John Good

23 201^N YUCCA AVE Apt H-101
24 BARSTOW Calif
25 92311

26 Respectfully submitted,

27 7-5-08

28 DATE

John Good
PETITIONER (Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): John Good T82633 E-1-88 PO Box 1050 Soledad CA 93960		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): IN PRO PER			
NAME OF COURT: U.S. COURT HOUSE			
STREET ADDRESS: 450 GOLDEN GATE AVE Box 36060			
MAILING ADDRESS: SAN FRANCISCO CA 94102			
CITY AND ZIP CODE: Civil Rights Division			
BRANCH NAME: John Good			
PLAINTIFF or PETITIONER: Head Librarian / Sgt Gonzales Calif Dept of Corrections			
DEFENDANT or RESPONDENT:			
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER:	

I request a court order so that I do not have to pay court fees and costs.

1. My address and date of birth are (specify): ADDRESS **PO Box 1050 Soledad CA 93960 E-1-88**
Birthdate **8-2-61**

2. ☐ I am receiving financial assistance under one or more of the following programs:
- a. ☐ **SSI and SSP: The Supplemental Security Income and State Supplemental Payments Programs**
 - b. ☐ **AFDC: The Aid to Families with Dependent Children Program**
 - c. ☐ **Food Stamps: The Food Stamps Program**
 - d. ☐ **County Relief, General Relief (G.R.) or General Assistance (G.A.)**

[If you checked box 2 above, sign at the bottom of this side and DO NOT fill out the rest of the form.]

3. ☒ My gross monthly income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 3 above, skip 4, complete 5 and 6 on the back of this form, and sign at the bottom of this side.]

4. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family I support and also pay court fees and costs. [If you checked this box you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. For the next three (3) years you may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **7-6-08**

John Good

(TYPE OR PRINT NAME)

John Good T82633

(SIGNATURE)

DEFENDANT: Calif Dept of Corrections (medical)

FINANCIAL INFORMATION

5. ☐ My pay changes considerably from month to month. *(If you check this box, each of the amounts reported in 6 should be your average for the past 12 months.)*

6. My monthly income:

a. My gross monthly pay is:\$ 0

b. My payroll deductions are (specify purpose and amount):

(1)\$ 0

(2)\$ 0

(3)\$ 0

(4)\$ 0

My TOTAL payroll deduction amount is:\$ 0

c. My monthly take-home pay is (a. minus b.):\$ 0

d. Other money I get each month is (specify source and amount):

(1)\$ 0

(2)\$ 0

The TOTAL amount of other money is:\$ 0

e. MY TOTAL MONTHLY INCOME IS (c. plus d.):\$ 0

f. The number of people in my family, including me, supported by this money is: 0

7. a. ☒ I am **not** able to pay any of the court fees and costs.

b. ☐ I am able to pay **only** the following court fees and costs (specify):

8. My monthly expenses are:

a. Rent or house payment & maintenance\$ 0

b. Food and household supplies\$ 0

c. Utilities and telephone\$ 0

d. Clothing\$ 0

e. Laundry and cleaning\$ 0

f. Medical and dental payments\$ 0

g. Insurance (life, health, accident, etc.)\$ 0

h. School, child care\$ 0

i. Child, spousal support (prior marriage)\$ 0

j. Transportation and auto expenses (insurance, gas, repair)\$ 0

k. Installment payments (specify purpose and amount):

(1)\$ 0

(2)\$ 0

(3)\$ 0

The TOTAL amount of monthly installment payments is:\$ 0

l. Amounts deducted due to wage assignments and earnings withholding orders\$ 0

m. Other expenses (specify)

(1)\$ 0

(2)\$ 0

(3)\$ 0

(4)\$ 0

(5)\$ 0

(6)\$ 0

The TOTAL amount of other monthly expenses is:\$ 0

n. MY TOTAL MONTHLY EXPENSES ARE (add a. through m.):\$ 0

9. I own the following property:

a. Cash\$ 0

b. Checking, savings and credit union accounts (list banks):

(1)\$ 0

(2)\$ 0

(3)\$ 0

c. Cars, other vehicles and boat equity (list make, year of each):

(1)\$ 0

(2)\$ 0

(3)\$ 0

d. Real estate equity\$ 0

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

10. Other facts which support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual expenses to help the judge understand your budget). If more space is needed, attach page labeled attachment 10.

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. For the next three (3) years you may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

- THERAPY DIAGNOSIS
(Impairment):

Activities of Daily Living, Balance, Gait,
Posture/biomechanics, Range of motion,
Strength, Transfer/mobility status

PERSONAL/FAMILY/SOCIAL HISTORY

LIVING SITUATION

CURRENT RESIDENCE:

correctional facility

STAIRS

STAIRS:

No stairs

ACTIVITY HISTORY

INDEPENDENT ACTIVITY:

performs ADL's independently

- FALL HISTORY:

1-3 falls in last year, fell backwards
from bunk

PATIENT ORIENTATION

- ORIENTED TO:

Person Place Time Situation

NARRATIVE

- NARRATIVE:

Pt is a 46 year old male admitted on 4/17
for possible CVA and Right sided weakness.
Pt has past medical history of prior CVA
'05 with Right sided weakness,
hypertension and Hepatitis C. Pt lives at
a correctional facility and had 2 guards
in the room throughout the evaluation.
Today pt had ROM and sensation deficits on
Right upper extremity and lower extremity.
Pt was independent with bed mobility and
required stand by assist with sit <->
stand transfers. Pt with complaints of
slight dizziness upon standing. Pt able to
take 2x5 steps forward/back with front
wheeled walker and contact guard assist.
Pt returned to bed with guards in room.
Anticipate pt will be able to return to
correctional facility upon discharge.

SUBJECTIVE

- PATIENT STATEMENT:

"When this happened to me last time, in
'05, it took me about a year before my
balance was good enough to not use a
cane."

CARDIOPULMONARY

BLOOD PRESSURE

- SITTING...SYSTOLIC:

159 mm Hg

- ...DIASTOLIC:

92 mm Hg

- PATIENT RESPONSE:

Dizzy, slightly increased with standing

OXYGEN

- ...O2 PER:

Room air

- ...SATURATION-INITIAL (RESTING):

97 %

- ...SATURATION-POST

96 %

Community Hospital of the Monterey Peninsula

Name

GOOD, JOHN

MR. Number

618941

Location

MP 2333

Account Number

310753272

Admission Date

04/17/2008

REC'D APR 22 2008

HISTORY & PHYSICAL**Page 1****DICTATED BY: YOUJONG KO, M.D.**

INTERVAL HISTORY: The patient has no primary care. He is currently at Salinas correctional facility and receives medical care there.

CHIEF COMPLAINT: Headache and right-sided weakness for 10 days.

HISTORY OF PRESENT ILLNESS: This 46-year-old male with a history of a prior stroke reports that, more than 10 days ago, he began feeling a diffuse headache, as well as neck pain. He states the headache radiates down his neck, down his shoulders, especially radiating down the right side of his body, as well as associated chest pain. He states that on the first and second day he noticed this pain, and he then began having right-sided weakness and numbness associated. The chest pain has resolved. He has not had any further for the past eight days. His headache has been on and off over the past 10 days, but was the worst on the first day, when he began having the headache. He also notes he had difficulty with speech, with some slurring at that time, and that has had some improvement. He states his weakness progressed, and four days ago it had been at its worst, but since that time he has noted some mild improvement.

He states that, when he had his stroke in 2005, he also had similar symptoms of headache and chest pain initially, which led to pain that radiated to his neck and into the right side of his body, and then he began having weakness on the right side with numbness. He states he was in a correctional facility in Chico during that time, and they transferred him to a hospital locally. He states that they told him he had a blood clot in his right arm, which led to the stroke. He states he was on some IV blood thinner for one week, and then afterwards he states he took aspirin. I asked if he was on any other form of anticoagulation besides aspirin when he left the hospital, and he states, as far as he knows, he was on only aspirin. All of the history is obtained from the patient.

He states that, from his stroke in 2005, he has had residual numbness in his right hand and right foot. He is right-handed. He also occasionally has times where he cannot feel soft objects in his right hand because of the numbness. He states there is some mild weakness in the right hand, which was residual from the stroke in 2005. He states the symptoms that he began having 10 days ago, of the right-sided weakness and numbness, were very similar to his prior stroke and that he was having difficulty with walking, carrying things, and feeding himself because of the weakness.

He states that overall the weakness has had some improvement over the past four days. The numbness is about the same. His speech has improved to a small degree. His headache is present but improved from the initial headache 10 days ago. He is not short of breath. He is not having any fevers, chills or coughing. No nausea or vomiting, and no difficulty with swallowing. He is taking all his medications and eating. He is not lightheaded or dizzy. He states he had some difficulty with

ORIGINAL

APR 22 2008

State of California, Department of Corrections -- Institution: Salinas Valley State Prison

INTERDISCIPLINARY PROGRESS NOTES

Original () <input type="checkbox"/> DMH <input type="checkbox"/> HRC	Copy Computer <input type="checkbox"/> Book Fax <input type="checkbox"/>
Yard Called @ _____ Spoke to: _____	
RETURN FROM OFFSITE OR HOSPITAL	
Returning From: <input type="checkbox"/> NMC <input type="checkbox"/> SVMH <input checked="" type="checkbox"/> Other <i>CHOMP</i>	Referring PCP(SVSP) <i>Pajong</i>
Reason: <input type="checkbox"/> ER <input type="checkbox"/> Surgery <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> F/U	Specialty Provider: <i>CHOMP</i>
<input type="checkbox"/> Consult <input type="checkbox"/> Dx Test <input type="checkbox"/> Procedure	Requested Service: <i>eval K/O stroke</i>
RFS Returned: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Completed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Inmate Advised of PCP Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RFS Signed by Receiving Nurse: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Meds Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ordered
Discharge Notes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>incomplete</i>	Report Received: <input checked="" type="checkbox"/> To Follow <input type="checkbox"/>
Receiving MD: <i>Scherer/Pajong</i> Time called: _____	Housing Consistent with Needs: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>need bank</i>
Orders Rec'd: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Faxed to Yard: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FOLLOW-UP WITH PCP PRIOR TO: <i>4/21/08</i>
UM Tracking Number: _____ <i>for mdscherer</i>	

NURSING NOTES

Date: <i>4/19/08</i> Time in: <i>1900</i> Time out: <i>1940</i>	Mode of Arrival: <input type="checkbox"/> Walk <input checked="" type="checkbox"/> W/C <input type="checkbox"/> Other
Language Spoken: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish [Translator Used] <input type="checkbox"/> Other [Translator Used]	
Allergies: <i>NKA</i> Vital Signs: T <i>98.3</i> P <i>70</i> BP <i>136/87</i> R <i>14</i> O2 Sat <i>99</i> Pain Level <i>0</i> /10	

ASSESSMENT:

A/OX3 asking about meds renewal. Instructed he would be brought 4 for meds. Pt concerned about C-spine will be seen by *MD Bowman*

SPECIALITY FINDINGS: ☐ Notes difficult to read ☒ able to read notes ☐ No findings listed

CT scan
MRI completed 4/18/08 - limited study due to pt motion
no evidence of stroke, growth, or hemorrhage
C-Spine - spinal stenosis *C5-C7*

SPECIALITY RECOMMENDATIONS: ☐ F/U with Outside Provider ☐ Labs ordered in ER

Orders received from MD Scherer

FU 4/21/08

↑ to CTC for meds 4/20/08 AM

RN Signature

[Signature]

RECEIVED

APR 21 2008

Last Name	First Name	MI
<i>Good</i>	<i>Jahn</i>	
CDC # <i>T-82633</i>	DOB: _____	
Housing: _____	Date: <i>4/19/08</i>	

INTERDISCIPLINARY PROGRESS
NOTES

DATE TIME

Chart not available

4/21/08

5) Returns from hospitalization to 240 stroke. It is their (CHOMP) opinion that all of his present symptoms are residual to the incident 2 years ago. There is no indication of a new CVA. Patient states he has more weakness in (R) arm + leg, more global holoche pain + more instability.

BP 114/78

P 74

R 18

T 98.4

WT. 203

6) Unchanged from several days ago.

(L) facial weakness - mouth pulled to (R).

Weakness of grasp (R) hand.

Weakness (R) arm + leg -

Sign indicates (R) hemiparesis.

A) (R) hemiparesis, secondary to CVA

P) Will provide a walking cane.

new orders written by

Dr. Schum, HPC

Will follow in clinic - Parks in 70 days.

INSTITUTION

SUSP

HOUSING UNIT

E1-77

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Good, John

T82633

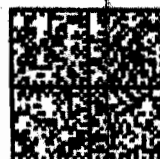
INTERDISCIPLINARY PROGRESS NOTES

Legal
MAIL
STATE PRISON
GENERATED MAIL

John Hood T 82633
1-1-88 PO Box 1050
Stinas Valley State Prison
Coloedad CA 93960

Att Civil Rights Division
To United States District Court for
Northern District
U.S. Court House
450 Golden Gate Ave Box 36060
San Francisco CA

94102



02 1A
0004397458
MAILED FROM ZIP CODE 93960



\$01.34⁰

JUL 08 2008

7-6-08 C/o JOHNSON

[Handwritten signature]



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MAILED FROM ZIP CODE 93960



02 1A

\$00.00

